



Arizona Department of Transportation

Motor Vehicle Division

1801 W. Jefferson, Mail Drop 522M • Phoenix Arizona 85007-3276

Phone (602) 712-8300 - Fax (602) 712-6782

		For Office Use Only		
Application Number	License Number	Date Received	Date Approved	Date Issued

LICENSE APPLICATION - MOTOR VEHICLE FUEL/LIQUID USE FUEL SUPPLIER

GOVERNMENT

THIS APPLICATION MUST BE **TYPEWRITTEN** OR **COMPLETED IN INK**, IN ITS ENTIRETY, AND BE **ACCEPTED AND APPROVED** BY THE ARIZONA DEPARTMENT OF TRANSPORTATION. A SUPPLIER LICENSE MUST BE RECEIVED **PRIOR TO ENGAGING IN BUSINESS IN THE STATE OF ARIZONA**. PLEASE MAIL THIS **ORIGINAL** APPLICATION, WITH THE APPROPRIATE ATTACHMENTS AND A **\$50.00** FEE, TO THE ADDRESS SHOWN ABOVE.

1. APPLICATION ELECTION:

a. Application is for a license to be either: ☐ Supplier, (or) ☐ Supplier with a blanket election.

b. Application is for a license to be a ☐ Permissive Supplier with a blanket election.

A blanket election under a. or b. is made pursuant to Arizona Revised Statutes § 28-5636 and § 28-5747. By making this election the applicant agrees to treat all removals from all of its out-of-state terminals with a destination in Arizona as shown on the terminal-issued shipping paper or bill of lading as if the removals were removed across the rack by the applicant from a terminal in Arizona for all purposes.

2 Applicant's **exact** name

3 Location of Government Office

(Street Address)

(City)

(State)

(Zip Code)

(Area Code, Telephone Number, Fax Number)

4 Federal Employer Identification Number

5 All correspondence regarding
this account is to be mailed to
(Complete only if different from #3 above)

(Street Address or P O Box)

(City)

(State)

(Zip Code)

(Area Code, Telephone Number, Fax Number)

FOR CASHIER'S USE ONLY

- 6 a. Address where books and records are maintained
(Complete only if different from #3 on page 1)

(Street Address)

(City) (State) (Zip Code)

(Area Code, Telephone Number, Fax Number)

- b. Person to contact regarding all licensing activities

(Name, Telephone Number, Fax Number)

- c. Person to contact regarding all tax reporting activities

(Name, Telephone Number, Fax Number)

- 7 a. List full name and title of all persons with signatory authority to act on this government entity's behalf

Mailing address

(Attach additional list if necessary)

- b. Has any elected or appointed official or any authorized representative of this government entity been convicted of any felony or misdemeanor involving motor vehicle fuel or liquid use fuel (diesel) taxes? ☐ Yes ☐ No
If yes, explain _____

- 8 Has this government entity had any type of license involving motor vehicle fuel or liquid use fuel revoked within the last ten years? ☐ Yes ☐ No
If yes, explain _____

- 9 Federal (637) Tax-Free Number _____

- 10 Has the government entity held or do you currently hold a supplier, distributor, IFTA, Use Fuel, Motor Carrier, or IRP license issued by the Arizona Department of Transportation? ☐ Yes ☐ No If yes, please list the accounts and their license numbers: _____

11. When your business office is sent a request for information by the Arizona Department of Transportation concerning purchases or sales, or requested to provide records for transactions between your government entity and other business entities, which type of request procedure would you prefer: **(Check one of the following)**

☐ Letter ☐ Letter plus administrative subpoena ☐ Administrative subpoena with statutory service

YES NO

12. ☐ ☐ Are you registered under Section 4101 of the Internal Revenue Code for transactions in the bulk transfer terminal system?
13. ☐ ☐ Do you plan to import fuel into Arizona from a foreign country?
14. ☐ ☐ Do you plan to import or export petroleum products into or out of Arizona from or to another state?
15. ☐ ☐ Do you plan to acquire or distribute products through "exchanges"?
16. ☐ ☐ Do you plan to take physical possession of fuel in Arizona?
17. ☐ ☐ Do you plan to purchase gasoline or diesel blending stocks? (Other than oxygenates or jet fuel for winter blending of diesel)
18. ☐ ☐ Do you plan to blend these stocks into gasoline or diesel for distribution or resale?
19. ☐ ☐ Do you plan to purchase transmix, burner oil, road oil, or other petroleum products not normally labeled blending stock?
20. ☐ ☐ Do you plan to distribute, sell, import, or blend aviation fuel?
21. ☐ ☐ Do you plan to manufacture and produce gasoline/diesel?

YES NO

22. ☐ ☐ Do you plan to be a shipper of record on one of the commercial pipelines serving Arizona?
23. ☐ ☐ Do you expect to maintain bulk storage facilities in Arizona?
24. ☐ ☐ Do you plan to distribute, or sell motor vehicle fuel, liquid use fuel, or blending stocks on consignment?
25. ☐ ☐ Do you have any petroleum product refining capabilities?
26. ☐ ☐ Do you own, control, or have a controlling interest in a refinery?
27. ☐ ☐ Do you have or plan to have an agency or business location in Arizona? **(Agency or business location is defined as an actual office or facility location, an employee or agent, other than statutory agent, representing the agency, or the ownership or leasing of a storage facility in Arizona.)** If yes, please list name and address: _____
28. ☐ ☐ Does the applicant own or control other agencies or businesses in the petroleum industry (e.g., other suppliers, distributors, refiners, transporters, retailers, terminal storage, etc.)?
If yes, explain: _____
29. ☐ ☐ Does the applicant or any member or manager own or control any petroleum agency or business which operates in Arizona (e.g. other suppliers, distributors, refiners, transporters, retailers, terminal storage, etc.)?
If yes, explain: _____
30. ☐ ☐ Does the applicant or manager own or control any petroleum transport equipment for use in Arizona?
If yes, explain: _____
31. Were the prior operating year's financial statements, i.e. income statement, balance sheet, etc.:
a. ☐ ☐ Certified?
b. ☐ ☐ Reviewed?
c. ☐ ☐ Compiled?
d. ☐ ☐ None of the above?
32. Please provide the name, address, and telephone number of the accounting firm and/or accountant that performed the item 31 referenced service. _____
33. Licensing Affiliations:
a. List any administrator or manager of this applicant that is, or has been, an officer, director, controlling shareholder, member, partner or sole proprietor of any entity which currently has, or has had, within the last seven years, an Arizona Motor Vehicle Fuel Distributor or Supplier license, a Use Fuel Vendor's license, IFTA or IRP license? (Controlling shareholder means all shareholders if there are 15 or less; if more than 15 shareholders, shareholders with five percent or more ownership interest.) Provide the name of the account and the name and relationship of the person associated with the account holder. _____
(Attach additional list if necessary)
- b. Is the agency or any administrator currently, or been within the last seven years, a licensed distributor in another state? ☐ Yes ☐ No If yes, please list which states, periods involved and if currently operating in any state. Please attach copies of those licenses. _____
34. List the location of fuel handling and storage facilities. (Attach additional list if necessary) _____
35. a. What is your Arizona bulk fuel storage tank capacity in gallons above ground _____, below ground _____?
b. Do you plan to participate in a community storage tank facility? ☐ Yes ☐ No If yes, with whom? _____
c. If no bulk storage facility is owned, explain storage arrangements. _____
36. List expected suppliers of petroleum products _____

AFFIDAVIT OF APPLICANT (S)

The undersigned hereby swears or affirms under penalty of perjury that I am duly authorized to make the foregoing Application, and hereby swear or affirm that the Application and all attachments are true and correct representation(s) of the premises to be licensed and agree that the place of business, if licensed, may be inspected during business hours, or at any time business is being conducted on the premises, by officials and agents of the Arizona Department of Transportation, for purposes of determining compliance with the Arizona Motor Vehicle Fuel and Liquid Use Fuel laws.

STATE OF _____

Signature of Applicant

County of _____

Print or Type Applicant Name_____
Title

Sworn to and subscribed before me this ____ day of _____ 20____. My Commission Expires _____

Notary Public**WARNING**

Read Carefully. This instrument is a sworn document. False answers could result in penalties and/or denial of your Application.

THE SIGNATURE OF THE APPLICANT MUST BE NOTARIZED**SUPPLIER BUSINESS ACTIVITIES CONDUCTED IN THE STATE OF ARIZONA PRIOR TO THE ISSUANCE OF A LICENSE SHALL BE SUBJECT TO SEVERE PENALTIES.****THE LICENSE SHALL NOT BE ASSIGNABLE AND SHALL BE VALID ONLY FOR THE PERSON, FIRM, OR CORPORATION TO WHOM ISSUED, AND SUCH LICENSE SHALL BE PLACED IN A CONSPICUOUS PLACE IN THE BUSINESS OR BUSINESSES FOR WHICH IT IS ISSUED, AND SO DISPLAYED.****THE INFORMATION PROVIDED IN THIS APPLICATION IS CONFIDENTIAL.**